

## Psychosocial Rehabilitation [PSR]

The documentation requirement is a daily full service note that includes: 1) the **purpose** of contact, 2) describes the provider's **interventions**, 3) includes the **time** spent performing the interventions 4) **effectiveness** of the intervention, and 5) the **signature** (degree/credentials or position) of the person providing the service.

Providers of Psychosocial Rehabilitation may choose to use a format such as the attached to document PSR services rendered. The following guidance is outlined below for providers to follow when using this format.

A Grid Log is NOT acceptable as a daily note.

### Guidance for Documenting Daily Service Notes for PSR if Using the Sample Form

- The individual's name, Medicaid ID number, and medical record number must be entered.
- The date of service and the duration [time spent performing the interventions] are required elements and must be entered for each PSR episode.
- Purpose of Contact: Purpose of contact must be stated. [The individual's goals may be preprinted in this section.]
- Interventions/Activities: Each service record must contain a description of the interventions and activities provided in order to provide additional information beyond the items checked on the form, and should serve as a "key" for the interventions/activities that are indicated on the form. Staff is to check the activities that the individual participated in and write in any additional comments.
- Effectiveness: Briefly record progress toward goals/things accomplished by the individual.
- All entries must be properly signed by the staff providing the service.

Psychosocial Rehabilitation [PSR] Daily Notes

Name of Individual: \_\_\_\_\_ Medicaid ID Number: \_\_\_\_\_ Record Number: \_\_\_\_\_

Date	Duration - Time spent performing the interventions	Instructions: Briefly state purpose of contact, description of intervention/activity, and the effectiveness of the intervention/activity.	Staff Signature/Position
		<p>Purpose of Contact: [Individual's goals may be pre-printed here.]</p> <p>The following Interventions/Activities were provided to the member and participation was encouraged, monitored and/or modeled by staff ___Pre-vocational ___Recreation/Leisure ___Community Living ___Social Relationships ___Educational ___Personal Care/Daily Living ___Other _____</p> <p>Effectiveness of the Interventions:</p>	
		<p>Purpose of Contact: [Individual's goals may be pre-printed here.]</p> <p>The following Interventions/Activities were provided to the member and participation was encouraged, monitored and/or modeled by staff ___Pre-vocational ___Recreation/Leisure ___Community Living ___Social Relationships ___Educational ___Personal Care/Daily Living ___Other _____</p> <p>Effectiveness of the Interventions:</p>	

